Agency for Health Care Administration
Florida Center for Health Information and Policy Analysis

Title: **Florida Center for Health Information and Policy Analysis 2007 Annual Report**

Summary: This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Policy Analysis (Florida Center) from January through December 2007. Topics presented in this report include public reporting of comparative data, data collection, research publications, data dissemination, health information technology and State Consumer Health Information and Policy Analysis Advisory Council activities.

The State Consumer Health Information and Policy Advisory Council and the Florida Center participated in a planning retreat in June 2007 to develop a vision and to set goals for further transparency in public reporting of health information and health care statistics.

The Florida Center's new website, www.FloridaHealthFinder.gov, was established to assist consumers in making informed health care decisions and to provide purchasers and professionals with performance information on the quality of health care in Florida.

The Agency for Health Care Administration, in cooperation with the Office of the Attorney General, continues to upgrade the www.MyFloridaRx.com website to provide consumers with comparative price information on over 100 of the most frequently used prescription drugs.

Policy Implications: The Florida Center collects, analyzes and disseminates health care data. The reports produced by this data have broad and diverse policy implications.

Relevant Florida Statute: Section 408.062(1) (j), Florida Statutes, directs the Florida Center to publish and disseminate an annual report. Section 408.061(j), Florida Statutes, directs the Florida Center to publish an annual status report on the collection of data and publication of performance outcome indicators.

For More Information Contact: Florida Center for Health Information and Policy Analysis (850) 922-5771. Please visit our website: www.FloridaHealthFinder.gov

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Introduction

The Coordinated Health Care Information and Transparency Act of 2006 expanded authority of the Florida Center for Health Information and Policy Analysis (Florida Center) to collect, compile, coordinate, analyze, index, disseminate and utilize health-related data and statistics for purposes of developing public policy and transparency of consumer health care information.

The Florida Center is an integral part of the Agency for Health Care Administration (Agency) and supports its mission to champion accessible, affordable, and quality health care for all Floridians. The Florida Center endeavors to fulfill this mission through its health care transparency initiatives: public reporting of health care statistics and pricing information, data collection from health care providers, pharmacies and insurers, and the implementation of health information exchange infrastructure.

The Florida Center has the lead for providing comparative health care data to consumers relating to hospitals, ambulatory surgery centers, emergency departments, physicians, health plans, and prescription drugs. Florida Center activities include:

- ➤ Data collection and quality assurance;

- ➤ Research and development;

- ➤ Data dissemination;

- ➤ Patient Safety; and

- ➤ Health information technology through the innovative development of health information infrastructure.

The Florida Center includes four functional units and the Office of the Bureau Chief. The Office of Data Collection and Quality Assurance is primarily responsible for patient data collection. The Office of Research and Development is primarily responsible for statutorily mandated reports and other analytic activities. This unit is also responsible for the collection of data related to health plan quality reports. The Office of Data Dissemination maintains the content of the Florida Center's consumer websites and provides information to interested parties upon request. The Office of Health Information Technology looks for opportunities to improve how health care information is retrieved and exchanged between Florida's health care providers.

In 2007, the Agency consolidated the websites www.FloridaCompareCare.gov, and www.HealthStat.com to form www.FloridaHealthFinder.gov. This new website provides a "one stop shop" web portal that allows consumers to look up information about diseases, health conditions, medical procedures, pricing and quality indicator information as well as linking to other health care and social service information.

Data collection is guided by §408.061, Florida Statutes.

Data collection is the core of the Florida Center for Health Information and Policy Analysis (Florida Center) activities. Accurate, timely, and unbiased data are essential to good analyses and efforts to model and understand Florida's health care system. To that end, the Florida Center collects and maintains three major databases: Hospital Inpatient, Ambulatory Surgery, and Emergency Department. The Florida Center also houses and utilizes other adjunct databases.

Patient Data Collection: A Brief Synopsis of the Process

In accordance with Chapters 59E-7 and 59B-9, Florida Administrative Code all hospital inpatient, ambulatory surgery center, emergency department, hospital and long-term psychiatric hospital data are submitted to the Florida Center electronically. Facilities submit data reports quarterly; record inclusions are based on the patients' dates of discharge or visit.

The submitted data are checked for errors by a specially designed computer program that simultaneously scans for outlier data that might have been reported incorrectly. Reports detailing any identified inconsistencies in the data are sent to the facility to facilitate data correction and verification. Following appropriate facility action, the corrected data are processed again for final validation.

Once the data successfully pass the checks with no identified errors or unexplained outliers a report is sent to the facility for a final review. If the facility agrees the data are correct, the facility's Chief Executive Officer or Chief Financial Officer are provided a certification form to sign and return to the Agency.

After data are certified they are added to the main database where they are available for public release. In rare circumstances, facilities may detect errors in their data after they are certified. In such cases and depending on the magnitude of the data problem, the facility's data might be removed from the main database, and the standard process begins again until the data are re-certified.

Inpatient Data Collection

Hospital inpatient data collection is authorized under §408.061(1) (e), Florida Statutes, and Chapter 59E-7, Florida Administrative Code.

The hospital inpatient database is the most widely used of the Florida Center databases. The inpatient data form the basis of many of the reports in the *Health Outcomes Series.* (The *Health Outcomes Series* is discussed in the "Research and Development" chapter.) The data are used to fill special requests and specific analytic needs of the Agency, the Legislature, researchers and the general public. A de-identified version of the data (limited data set) is available for purchase. (For details, see the "Data Dissemination" chapter.) It is important to note that the Health Insurance Portability and Accountability Act (HIPAA) limits the release of protected patient health information; therefore, not all collected information is available for release to the public.

Data Collection Summary

The hospital inpatient database contains patient-level information for each patient discharged from approximately 258 acute care Florida facilities, including long-term care hospitals, short-term psychiatric hospitals, and long-term psychiatric hospitals. The number of reporting facilities varies over time, as new hospitals open and others close. Each facility reports quarterly under a unique identification number individually assigned to it by the Agency.

Discharge records include patient demographics, admission information, medical information, discharge information, and charge data. Patient demographics include the patient's race, birth date, gender and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes diagnosis codes, procedure codes, principal procedure date, and attending and operating Florida physician license numbers. Discharge information includes discharge date and discharge status.

Charge data include total charges, and charges broken down by individual revenue charge categories. Revenue charge categories include room and board, nursery, intensive care unit (ICU), pharmacy, medical/surgical supplies, oncology, laboratory, pathology, radiation, operating room services, anesthesia, respiratory therapy, physical and occupational therapy, emergency room services, cardiology, recovery room, labor room, trauma response, behavioral health, and other categories. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization [HMO], Medicare, Medicare HMO and Commercial HMO) are also reported.

Facilities provide a unique hospital-generated record identification number, the patient's social security number, and an infant linkage identification number. The hospital number, the reporting year, and the quarter are included in each record.

Number of Data Records Collected

The number of hospital inpatient discharge records submitted each year has increased from 2,386,661 in 2002 to an estimated 2,556,538 records in 2007. As seen in Figure 1, the number of records is steadily increasing and Table 1 shows the approximate annual percentage increases through 2007. This data set continues to provide consumers, researchers, analysts, policymakers, and others with the information necessary to make

informed health care decisions. (Note: 2007 collected data has not been 100 percent certified.)

Figure 1
Number of Inpatient Hospital Discharges
2002-2007
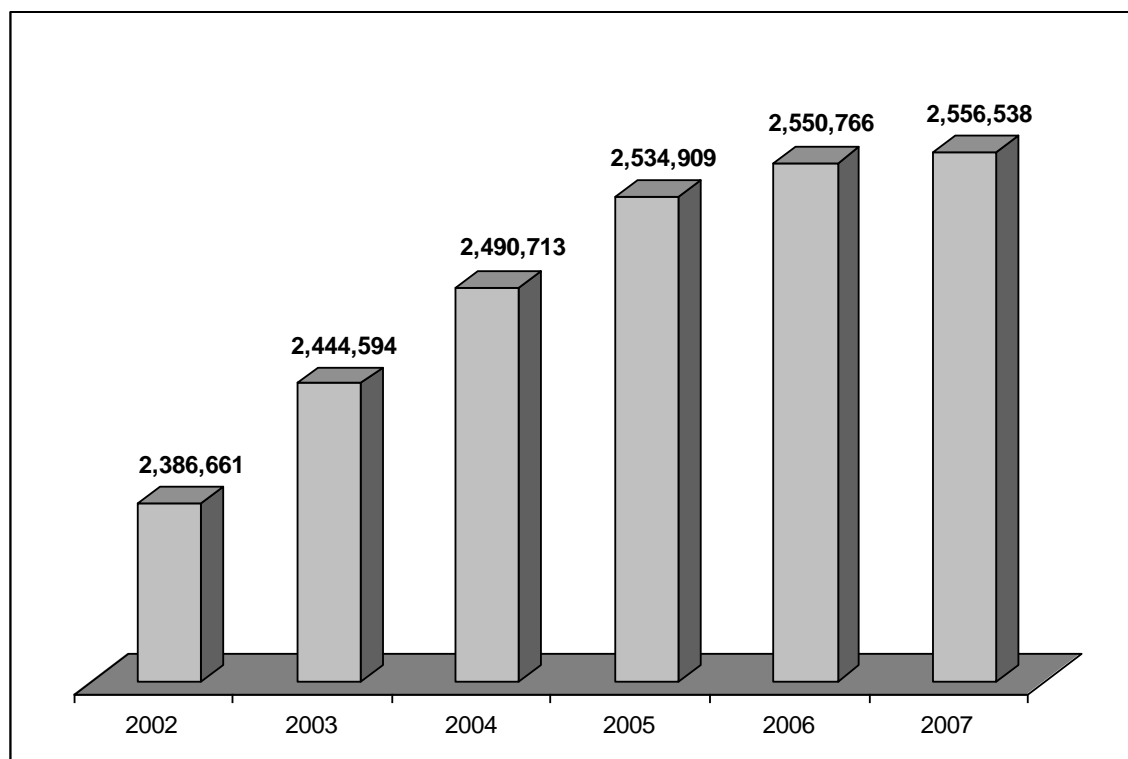
Table 1. Annual Percentage Change of Number of Inpatient Hospital Discharges from 2002 to 2007

Annual percentage change since preceding year*	2002	2003	2004	2005	2006	**2007
	+1.86%	+2.45%	+1.91%	+1.77%	+0.63%	+0.02

* The sign on entries denoted by "+" (or"-") indicates whether the measure has risen or fallen since the preceding year.
** The 2007 data are estimates.

2007 Technical Developments

Florida residents continue to demand larger amounts of high quality health care data. The Florida Center recognizes, however, that the attendant demand for more complete and timely collection of hospital data is driven not only by the increasing need for more useful consumer information, but by expanding technological options and legislative mandates as well.

Beginning in 2006, hospitals were required to submit data to the Florida Center electronically over the Internet. This change has allowed the report submission to be quickly and securely received by the Agency, creating greater efficiencies and standardization within the data collection process. In 2007 the online reporting of data to the Florida Center continues to move toward a full Electronic Document Interchange (EDI) environment, providing ever faster turn around of the data. This, in turn, is enhancing the timeliness of the data made available to the public through the Agency's transparency efforts.

Chapter 59E-7.014, F.A.C. was implemented by the Florida Center in 2007. This administrative rule requires hospitals to report "Present on Admission" indicators for each diagnostic code included in their inpatient facilities quarterly reports to the Agency. The measure is important because it indicates whether the patient's condition was present upon entering the hospital or if it developed after admission. The data are expected to improve researchers' ability to distinguish between health problems that were acquired in the hospital versus health problems that existed before patients entered the hospital. The analysis of the Present on Admission data will also assist in more precise identification of hospital accident and incident trends that have negative patient outcomes and will help hospitals to address their preventable patient safety risk problems.

Surgical Infection Prevention Data Collection

Surgical Infection Prevention data collection is authorized under §408.061(1), Florida Statutes, and Chapter 59B-15, Florida Administrative Code.

Upon the recommendation of the State Consumer Health Information and Policy Advisory Council, the Florida Center initiated a rule, Chapter 59B-15, F.A.C, to collect Surgical Infection Prevention (SIP) measures from hospitals. These measures reflect the use of antibiotics for specific surgical patients. Hospitals began reporting aggregated SIP data on all eligible patients beginning with data collected in the second quarter of 2005. The SIP measures indicate the use of antibiotics before and after surgery, including: 1) Administration of prophylactic antibiotic within one hour before surgical incision; 2) Prophylactic antibiotic selection for surgical patients; and 3) Prophylactic antibiotics discontinued within 24 hours after surgery end time (or 48 hours for cardiac surgeries). These reports are submitted to the Agency as simple text files via email.

Ambulatory Surgery Data Collection

Ambulatory surgery data collection is authorized under §408.061(1) (e), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

The ambulatory surgery (AS) data collection was initiated in 1997 as a separate collection from the hospital inpatient data. This addition was necessitated by technological advancements that now allow procedures to be performed in an outpatient setting that once required several days in a hospital.

The ambulatory data have become increasingly important in the analyses of trends in Florida health care. AS patient data are used in many reports including the *Health Outcomes Series* and to fulfill special data requests generated within the Agency, by the Legislature, researchers and the general public. A non-confidential (de-identified) version of the ambulatory data (limited data set) is available upon request. (For details and prices, see the Data Dissemination chapter.)

Data Collection Summary

The ambulatory surgery database contains "same-day surgery" data on reportable patient visits to approximately 620 Florida facilities including freestanding ambulatory surgery centers, short-term acute care hospitals, lithotripsy centers and cardiac catheterization laboratories. The actual number varies over time as new facilities open and others close. Each facility submits quarterly reports under a unique Agency-assigned identification number.

Reportable AS visits are those with primary procedures in the following Current Procedural Terminology (CPT) code ranges: 10000 through 69999 and 93500 through 93599. These codes include surgical procedures, cardiac catheterization and lithotripsy. Facilities documenting less than 200 patient visits in a quarter may formally request, in advance of the due date, an exemption from reporting on the specified quarter.

Ambulatory surgery data records include, but are not limited to, patient demographics, medical information, and charge data. Demographics include race, birth date, gender and zip code. Medical data include diagnosis (ICD-9-CM) codes, and procedure (CPT) codes. Facilities also report patient visit date, and attending and operating Florida physician license numbers. Charge data include total charges, and charges broken down by individual revenue charge categories. Revenue charge categories include pharmacy, medical/surgical supplies, radiation, laboratory, operating room services, anesthesia, recovery room, treatment or observation room, cardiology, and other charge categories. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid HMO, Medicare, Medicare HMO and Commercial HMO) is also reported. The data also contain individual record identification numbers and social security numbers.

HIPAA restricts the release of protected patient health information; therefore, not all collected information is made available to the public. Detailed information about the handling of confidential data is presented in the "Data Dissemination" chapter.

Number of Data Records Collected

The number of ambulatory patient records submitted in 2007 increased an estimated 2.8% from 2002, but remained virtually unchanged over the previous year, decreasing by 0.01%.

Figure 2 and Table 2 shows details of these annual percentage rates. Procedures related to radiation therapy and procedures performed during emergency department visits are not included in these figures. (Note: Data collected in 2007 has not been 100% certified.)

Ambulatory patient services are an important aspect of health care in Florida. This database provides consumers, researchers, analysts, policymakers, and others with the information necessary to make informed health care decisions. In 2007, there were 2,864,588 ambulatory patient records submitted.

Figure 2
Number of Ambulatory Surgery Patient Visits
2002-2007**
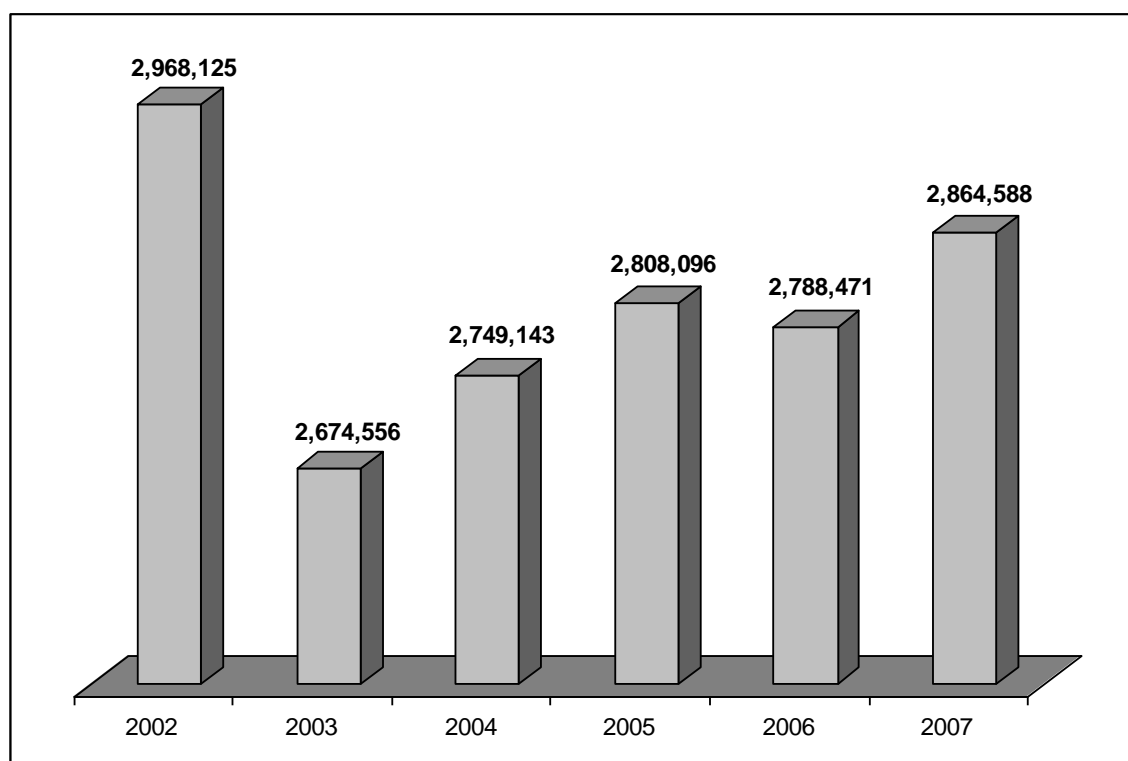
Table 2. Annual Percentage Change of Number of Ambulatory Surgery Patient Visits from 2002 to 2007**

Annual percentage change since preceding year*	2002**	2003	2004	2005	2006	2007
	+6.51%	-9.89%	+2.79%	+2.14%	-0.70%	-0.01

* The sign on entries denoted by "+" (or"-") indicates whether the measure has risen or fallen since the preceding year.

** Data for radiation therapies were not collected after 2002.

Emergency Department Data Collection

Emergency Department data collection is authorized under §408.061(1), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

In 2005, the Florida Center began collecting Emergency Department (ED) data as directed by §408.061(1) (a), Florida Statutes, and administrative rule Chapter 59B-9, F.A.C. This statute requires the reporting of all emergency department visits in which ED registration occurs and the patient is not admitted for inpatient care. Accordingly, all patients registered by the facility and generating a record are now reported by emergency departments by their acuity level using an evaluation and management (E&M) code, to indicate the level of seriousness of their condition.

Data elements include the hour of arrival, the patient's chief complaint, principal diagnosis, race and ethnic status, and external causes of injury. The data elements reported are very similar to those used for reporting ambulatory surgery data. This report is electronically transmitted by the facilities to the Agency via a secure Internet data submission system.

As of December 2007, 14 million records from emergency department visits were collected, processed and certified by the Florida Center (approximately 5.7 million in 2005 and 5.5 million in 2006, to date). Since the first year of reporting, the ED data collected represent almost twice the number of records collected for inpatient admission and ambulatory surgeries over the same reporting period. Data collected for 2007 has not been 100 percent certified.

Florida Statutes require the Agency to analyze the use of emergency department services by patient acuity level and to assess the impact on increasing hospital cost by providing non-urgent care in emergency departments §408.062(1)(i), Florida Statutes. The Florida Center anticipates release of Emergency Department Utilization Reports based on the 2005 and 2006 Emergency Department data in 2008.

Comprehensive Inpatient Rehabilitation Data Collection

Comprehensive inpatient rehabilitation data collection is authorized under §408.061(1) (e), Florida Statutes, and Chapter 59E-7 Part II, Florida Administrative Code.

The comprehensive inpatient rehabilitation database (initiated in 1993) is a companion to the hospital inpatient database. Although there are far fewer comprehensive inpatient rehabilitation records than hospital inpatient or ambulatory surgery records, rehabilitative care continues to be an important feature in the health care delivery system in Florida.

The comprehensive inpatient rehabilitation data are primarily collected for special requests and *ad hoc* reporting. Many of these requests come from within the Agency, the Legislature, researchers, and the general public.

Data Collection Summary

The comprehensive inpatient rehabilitation data contain patient-level discharge information from Florida's 14 licensed freestanding comprehensive inpatient rehabilitation centers. These centers are defined as any hospital licensed as a Class III Special Rehabilitation Hospital. Each center reports quarterly under their Agency-assigned facility number. Rehabilitation units of acute care hospitals are excluded from this database. Nursing homes and hospital-based skilled nursing units are not included.

In order to be classified as an inpatient rehabilitation facility, at least 75 percent of the hospital's inpatients must fall under one or more conditions that typically require intensive inpatient rehabilitation, §42 Code of Federal Regulations (C.F.R.) 412.23(b)(2).

The comprehensive inpatient rehabilitation data records include patient demographics, admission information, medical information, discharge information and charge data, as well as other information. Patient demographics include race, date of birth and gender. Admission information includes the admission date and the admission source. Medical information includes a primary condition code and the Florida license number of the attending physician. Discharge information includes the discharge date, the patient's discharge status, principal payer and the total charge. Further reported information includes the facility-generated record identification number and patient social security number.

HIPAA limits the release of protected health information; therefore, not all reported information is available to the public. More information about data confidentiality issues is located in the "Data Dissemination" chapter.

Number of Data Records Collected

The number of comprehensive inpatient rehabilitation discharge records submitted increased every year until 2004. In 2007, 17,350 records were reported, which is a decrease of nearly 24% compared to the high-water mark of 2004. This change may have occurred due to the reinforcement of the "75 percent rule" issued by the Center for Medicare and Medicaid Services (CMS) and implemented in July 2004. In order to be classified as an inpatient rehabilitation facility, at least 75 percent of the hospital's inpatients must fall under one or more conditions that typically require intensive inpatient rehabilitation, §42 Code of Federal Regulations (C.F.R.) 412.23(b)(2). Recent analyses provided by CMS show decrease in the volume of comprehensive inpatient rehabilitation discharge records but the number of patients receiving care through home health has increased since the enforcement was in effect. Table 3 reflects the approximate annual percentage change in the number of records from the preceding year beginning 2002 until 2007 in Florida. (Note: Data collected in 2007 has not been 100% certified.)

Figure 3
Number of Comprehensive Inpatient Rehabilitation Hospital Discharges
2002-2007
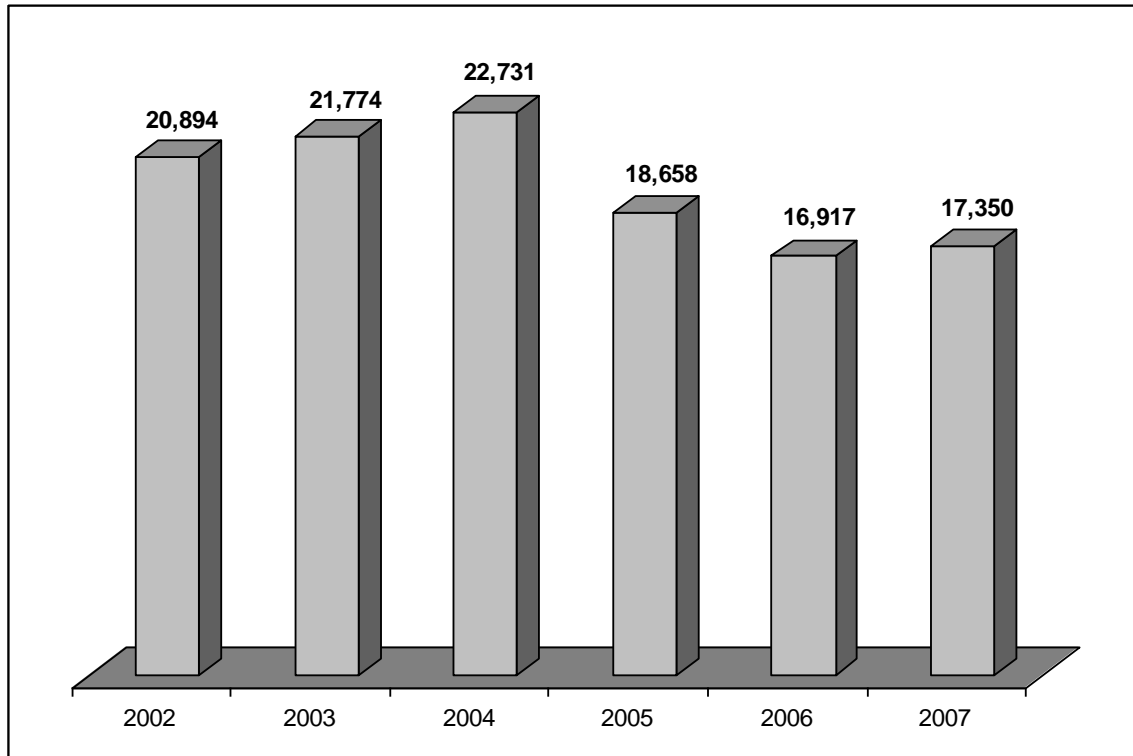
Table 3. Annual Percentage Change of Number of Comprehensive Inpatient Rehabilitation Hospital Discharges from 2002 to 2007

Annual percentage change since preceding year*	2002	2003	2004	2005	2006	2007**
	+3.24%	+4.21%	+4.40%	-17.92%	-9.33%	+2.6

 * The sign on entries denoted by "+" (or"-") indicates whether the measure has risen or fallen since the preceding year.

 ** Data collected in 2007 has not been 100% certified.

Office of Research and Development

Health care research, policy analysis, studies, and reports are guided by §408.062, Florida Statutes.

Research is a primary function of the Florida Center for Health Information and Policy Analysis (Florida Center). The Office of Research and Development transforms the data collected by the Florida Center into information that the public can use. The public includes consumers, policymakers, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates. Copies of any report discussed in this section are currently available on the Internet at www.FloridaHealthFinder.gov. The Florida Center produces the Health Outcomes Series which range in topics from the most basic information to highly technical information. Some publications may be obtained through the Agency for Health Care Administration's (Agency) Call Center at 1-888-419-3456.

Health Plan Quality Indicator Data Collection

Health plan quality indicator data collection is required under §641.51(9), Florida Statutes, and is implemented under Chapter 59B-13, Florida Administrative Code.

Health plan quality indicator data are reported in a summary format by Florida's licensed health maintenance organizations (HMOs) for each line of business (commercial, Medicare, and Medicaid). The data display annual statewide quality measures aggregated by health plan and reveal trends beginning with data reported in 1999.

Data Collection Summary

Quality indicator data typically display the percentage of eligible members who have received a specific health care service during the measurement year. Quality indicator measurement specifications are prescribed in the Healthcare Effectiveness Data & Information Set (HEDIS) technical specifications manual available from the National Committee for Quality Assurance (NCQA). Technical specifications are updated annually to reflect medical coding changes, to clarify requirements and to improve the quality measures.

The indicators reported to the Agency for Health Care Administration include measures of chronic disease management, preventive health care, prenatal care and checkups for infants, children, and adolescents. Chronic disease management indicators address diabetes care, asthma medications, controlling high blood pressure, and use of beta-blocker medication after a heart attack. Preventive health care indicators include breast cancer screening, cervical cancer screening, and Chlamydia screening in women.

Per HEDIS specifications, selected measures are not reported annually. A rotation schedule issued by NCQA notifies health plans of the indicators that are required for the subsequent reporting cycle. Rotated measures are usually reported biennially.

Quality indicator data submitted to the Agency also include supplementary information such as the number of eligible members, sample size, confidence intervals, and whether administrative or hybrid methodology were used to calculate the reported rate.

A Brief Synopsis of the Process

The health plan quality indicator data are reported each October 1st for the previous measurement year or other measurement period as specified by HEDIS. Since 2001, a statement from an independent auditor, approved by the Agency, must certify that the indicator data are a fair and accurate representation of the specified health care services afforded to Florida members of the HMO.

Office of Research and Development staff review the reports and certification documents for completeness and consistency with reporting requirements. Missing or small values are checked to determine whether the health plan had an eligible population of sufficient size to report a valid indicator. HMOs are asked to explain or resubmit their report if there are any anomalies.

Recent Developments

In 2007 there were no changes in the health plan quality indicator data collection rule.

Consumer Assessment of Health Plan Survey Data

An annual survey of HMO members is required by §641.58(4), Florida Statutes.
The Agency is required to conduct the survey to determine the satisfaction of health plan members.
Surveying for commercial health plans is implemented under Chapter 59B-14, Florida Administrative Code.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) data contain the results of an annual statewide survey of a sample of members in each Florida licensed HMO health plan and certain PPO and indemnity health plans. Included are Florida Medicaid and Healthy Kids plans and a separate survey for members of commercial plans. Data for members of Medicare managed care plans are obtained from a website of the Centers for Medicare and Medicaid Services (CMS).

Data Collection Summary

The CAHPS data contain the responses of members to a set of questions regarding their experience with their health plan. The CAHPS survey includes questions about health care utilization, access to care and specialists, communicating with health care providers,

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customer service, experience with claims processing and overall satisfaction with the health plan.

The CAHPS survey instrument was developed by the federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance. Public release version 4.0H was used by 2007. The Medicaid and commercial versions of the CAHPS are used as appropriate, and a Spanish language version is also used as required. CAHPS 4.0H includes both a survey of health care for adults and a parent/child survey that contains additional questions applicable to children's health care and interaction with their child's health care providers. Additionally, the Agency added three supplemental questions to the surveys focused on overall satisfaction with their plan.

A Brief Synopsis of the Process

The adoption of an administrative rule (Chapter 59B-14, F.A.C.), changed the process for surveying different commercial plans as opposed to the other plan types (Medicaid and Healthy Kids). Under provisions of this rule, the Agency began publishing member satisfaction data for PPO/Indemnity plans in 2006. The rule requires that commercial health plans (both HMO and PPO/Indemnity) contract with authorized vendors to perform their survey and to send certified data results to the Agency.

For noncommercial plans, the Agency contracts with the Survey Research Center at the University of Florida to conduct the survey by telephone interview. Member responses, excluding identifiers, are provided to the Agency in a data file.

Recent Developments

On July 1, 2006, commercial plans began reporting data to the Florida Center. Companies complete a separate set of surveys for HMO plans and for PPO/indemnity plans. HMO plans report all items from the CAHPS survey, while PPO plans report eight specified CAHPS items in addition to the supplemental items. The plans will also provide certification, signed by the Chief Financial Officer, that the information submitted is true and accurate. In 2007, there were a total of 18,727 completed surveys. The number of CAHPS surveys by plan type that were completed and reported in 2007 is shown below:

- Medicaid HMO surveys   7,836
- Healthy Kids HMO surveys   2,468
- Commercial HMO surveys   5,744
- Commercial PPO surveys   2,679

In October 2007, Florida offered consumers a health plan link available in the www.FloridaHealthFinder.gov website, which displays comparative information about benefits and performance of health plans throughout Florida. The health plan website includes comparative information on performance measures, member satisfaction survey

data, benefit design and premium rate data for all managed care and most PPO/indemnity health plans in Florida.

Patient Safety

In 2007 the Agency's Adverse Incident Reporting Unit was transferred from the Division of Health Quality Assurance to the Florida Center's Office of Research and Development. The Agency's goal in transferring this function from a regulatory unit to a research unit is to use the adverse incident reports to provide health care facilities with quality feedback on best practices and patient safety lessons learned.

Adverse incidents are medical incidents defined in section 395.0197, Florida Statutes. They include the following; wrong site surgery, wrong patient surgery, wrong surgical procedure, patient death, brain or spinal damage to a patient, and removal of unplanned foreign objects remaining from a surgical procedure.

Hospitals and ambulatory surgical centers are required by law to report adverse incidents to the Agency. Reports are confidential. The Agency publishes aggregate adverse incidents reports quarterly on the risk management website: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Risk/index.shtml.

The Unit's new responsibility in the Florida Center will be to conduct in-depth analysis on reported incidents, and best practices implemented in response to these incidents. The Office of Research and Development will prepare an annual report summarizing the analyses and performance improvement plans submitted in response to the Adverse Incidents. The Florida Center will propose statutory changes to clarify the definition of Adverse Incidents, require reporting within 15 days of the incident, and allow more time (an additional 45 days) to provide a root cause analysis and performance improvement plan.

Health Outcome Series

The Health Outcome Series fulfills the requirements of §408.05(5), Florida Statutes, which directs the Florida Center for Health Information and Policy Analysis to disseminate the data it collects and analyzes and to periodically make available health statistics publications of general interest.

The *Health Outcome Series* consists of reports on trends in health care delivery and utilization in Florida and provides key statistical information to the reader. The reports range from 25 to 140 pages long. They contain statistical information with tables, narrative, a reference page, and appendices for further information. The reports typically contain information derived from the Florida Center's hospital inpatient database and occasionally from the ambulatory patient database. There were no *Health Outcome Series* reports released during 2007. The titles of reports published prior to 2007 are listed below.

Health Outcome Series reports published prior to 2007:

- Adverse Drug Effects (May 2000);

- Asthma Hospitalizations (January 2002);

- Cesarean Deliveries in Florida Hospitals (2006, 2005, 2004, 2003, 2002, 2001 and 2000);

- Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations (May 2004);

- Complications of Diabetes Study (November 2002);

- Hysterectomy Hospitalizations (March 2004);

- Osteoporosis and Hip Fractures (April 2000);

- Pediatric Hospitalizations (May 2002);

- Septicemia Hospitalizations (October 2000); and

- Women and Cardiovascular Disease Hospitalizations (June 2003).

Other Publications and Reports

Cesarean Deliveries in Florida Hospitals Report (May 2006)

The cesarean report examines trends in cesarean and vaginal delivery hospitalizations, from 1993 through 2004, focusing on data from year 2004. Demographics of patients associated medical diagnoses, length of hospital stays, hospital charges, and variations in the cesarean rate are discussed. Delivery rates are presented by county, individual hospital and statewide.

This report was published in 2000 through 2006 and is no longer statutorily required. The website, www.FloridaHealthFinder.gov provides cesarean rates by hospital through the quick data summaries link on the Researchers and Professional page.

Emergency Department Utilization Report (January 2006)

This report fulfills the requirements of §408.062(1) (i), Florida Statutes, which mandates that the Agency publishes an annual report on the use of emergency department services, including an analysis of the treatment given by patient acuity level and the implications of increasing hospital costs in providing non-urgent care in emergency departments.

The Emergency Department Utilization Report describes demographic and other characteristics of visits to emergency (ED) departments in Florida, and presents preliminary data on factors that serves as the provider of last resort and have implications for hospital costs. By law, the hospital emergency department is the one place where a person cannot be denied health care services regardless of ability to pay. Data from the Agency hospital financial database indicated that over the past ten years the number of emergency

department visits has increased, while the number of hospital emergency departments has decreased. Additionally the percentage of uninsured individuals has increased, adding to the demands on the emergency departments. The report used the Agency's 2005 first quarter ED database to analyze demographics and acuity levels (seriousness of condition) of emergency department patients, charges and payers, and most frequent diagnoses. This quarter was the initial quarter of data collection for emergency department data. Reports in 2008 will provide analysis using the complete years of 2005 and 2006 emergency department data.

Florida Health Care Expenditures Report (October 2006)

A report on health care expenditures in Florida is required by §408.063(5), Florida Statutes.

The Florida Health Care Expenditures Report examines trends in expenditures for health care services, health care payers, and HMOs. The report focuses on data from the most recent calendar year available (2003), but also shows trends from 1992. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents. The next Health Care Expenditures report will detail spending in years 2004-2005 and is expected to be published in March 2008. A report on 2006 data will also be available in 2008.

Florida Health Plan Report

This report fulfills the requirements §408.05(3) (k), Florida Statutes, which mandates that the Agency publicly disclose performance measures for specified Florida health plans.

The HMO Report Card is no longer published as a hardcopy document. Health plan quality data are posted on Florida's interactive Health Plan Consumer Website, on www.FloridaHealthFinder.gov. This website also fulfills the requirements of §408.05(3) (k) (2), Florida Statutes, which mandates that the Agency conduct an annual survey to determine membership satisfaction with their health plan and provides the results of the statutorily mandated surveys of HMO member satisfaction.

Details pertaining to the data collection activities for providing consumer information on Florida's health plans may be found under the sections, "Health Plan Quality Indicator Data Collection" and "Consumer Assessment of Health Plan Survey Data" in the "Office of Research and Development" chapter of this report.

Library

The Agency library is a special service provided to the Agency employees by the Florida Center. The library's collection is unique. There are over 4,000 books, journals, newsletters,

commission reports, and government documents, which represent a vast array of health care information.

Besides being a repository of health care related information, the librarian works with the Agency staff to provide background research for their legislative and topical assignments, including the development of background research packets that save time by efficiently gathering together materials for research projects. Also, the library acquires journal articles using interlibrary loan, assembles reading materials, and teaches staff how to use the Internet as a research tool. Since many people throughout the Agency might be independently working on similar projects, the library helps to increase consistency of source material in the Agency publications.

State Health Data Directory

The creation of the State Health Data Directory is authorized in §408.05(4) (g), Florida Statutes.

The State Health Data Directory was developed to assist individuals searching for health data and statistics. Its purpose is to facilitate referrals to the responsible data administrator for detailed information regarding available data and to promote the efficient use of data for research and public policy purposes.   The State Health Data Directory is exclusively available on www.FloridaHealthFinder.gov.

There are over 110 entries in the directory representing various health care related databases maintained by state agencies. Each entry contains information on the types of data collected, reporting entities, purpose of the database with statutory or rule references, if applicable, and contact information. If available, website references are provided.

The directory is updated biannually by an e-mail survey of state agencies. Information is current and checked for accuracy as of the date indicated on each database entry.

Office of Data Dissemination

Data dissemination is guided by §408.063, Florida Statutes.

Data Dissemination is the third primary activity of the Florida Center for Health Information and Policy Analysis (Florida Center). The Office of Data Dissemination performs several major functions to ensure that the public has access to valuable health care information to assists them in making informed health care decisions. The public includes consumers, policymakers, the Legislature, the Governor, the health care industry, the media, universities, foundations, students, private businesses, and advocates.

The Office of Data Dissemination is responsible for the facilitation and coordination of the State Consumer Health Information and Policy Advisory Council and the various technical workgroups created to focus on specific issues on health care data transparency. The collaborative efforts of the Florida Agency for Health Care Administration (Agency) and Advisory Council have yielded best practices for public reporting and consumer focused transparency activities which are implemented in the design of the Agency's website, www.FloridaHealthFinder.gov .

The Office of Data Dissemination educates consumers on healthcare through the creation of brochures such as the Consumer Awareness Series that covers an array of topics such as Medicaid, patient safety, emergency medical care, and much more. Healthcare education is also provided by Data Dissemination through participation in community outreach programs for the purpose of heightening awareness on the importance of making well informed health care decisions.

Data Dissemination provides consumers technical assistance to address their specific healthcare data needs by utilizing a variety of sources such as acute-care hospital, ambulatory, emergency department, comprehensive rehabilitation, and hospital financial data. See "Data Dissemination Request" for more information on the process of ordering data and reports.

Data Dissemination Request

Typically, data dissemination requests that come directly into the Florida Center fall into the following categories: (1) requests for de-identified data (limited data set); (2) requests for standard reports; (3) requests for *ad hoc* reports; (4) requests for publications; and (5) requests for other information. Many of these requests require a service fee.

The Basic Process

Requests for data are processed upon written request. Customers may submit their requests to the Florida Center's Office of Data Dissemination via mail, fax, or e-mail. Customers are required to complete a Limited Data Set Data Use Agreement form in order to receive access to de-identified patient data.

Completed customer orders are mailed after payment is received. Prices for data are listed in the Data Catalog and Price List. Prices for *ad hoc* reports are estimated based on the time required to complete the report. Federal, state, or municipal government agencies are not charged.

Requests for data and publications are typically filled within ten working days of receiving the payment (or the order for customers with standing accounts). Special *ad hoc* queries are completed in a timely manner. The number of days to fill an *ad hoc* request is subject to the time required to run the query and check the results.

The order contains the information requested on the proper media (paper, or CD-ROM), and the invoice. Orders are available for customer pick-up or sent via e-mail (excluding confidential data), priority mail, DHL, or Federal Express. Orders sent via DHL or Federal Express are shipped at the customer's expense.

A detailed log is maintained for tracking purposes. Monies received are handled through The Agency's Bureau of Finance and Accounting. Copies of requests, checks, invoices, shipping labels, and fax receipts are kept on file for each customer.

Request for De-identified Data

Hospital inpatient, ambulatory surgery, and emergency department databases are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data.

When completed, the Data Use Agreement form is forwarded to the Florida Center's Director for signature. Upon authorization, the original Agreement form will be maintained in the Florida Center's Office of Data Dissemination and the applicant will receive a copy.

The following data items are *not* included in the limited data set: patient identification number, the social security number, the infant linkage identification number, date of admission, date of discharge, date of birth, and the procedure dates.

Some calculated information is added to the database. These fields include: the state of residence, the county of residence, the age at admission, the day-of-week of the admission, the length of stay, and the Diagnostic Related Group (DRG).

The patient-level limited data set is sold by quarter and is available on diskette or DVD by

facility, county, local health council region, or statewide data on CD-ROM. The Florida Center processed 767 data requests in 2007 compared with 831 total data requests in 2006.

Under very strict conditions, confidential data are available, but not to the general public. See Confidential Data Review Committee under "Other Functions."

Request for a Standard Report

The Florida Center Office of Data Dissemination produces a number of standard reports.

- **Prior Year Report (Hospital Financial).** This hospital fiscal year financial data report is listed on standardized financial worksheets. Reports are available as a printout or as an e-mail attachment.

- **Audited Financial Statement (Hospital Financial).** This hospital financial report is prepared by an independent auditor. It includes the auditor's opinion, hospital's balance sheet, statement of cash flow, statement of revenues and expenses, statement of changes in fund balance, and financial statement notes. Reports are available as a photocopy.

- **Hospital Financial Data.** This hospital report contains fiscal year facility-level information and is available on CD-ROM. The data contain audited information on hospital revenues, expense/expenditures and depreciation, medical staff data, selected discounts and prospective payment arrangements, and other statistics and general data for each hospital.

Request for an *Ad Hoc* Report

Sometimes, a customer is looking for very specific information that is not included on a standard report, and does not wish to purchase an entire data set to obtain the information. These requests are referred to as *ad hoc* reports. An example would be a request for the median age of patients admitted to the hospital with tuberculosis (ICD-9-CM diagnosis 010.0 – 018.6) as principal or secondary diagnosis, by year, from 1995 to 2000.

By their nature, *ad hoc* requests are very precise and can be very technical. A customer requesting an *ad hoc* report might receive a telephone call or e-mail from a Florida Center staff member with some specific questions about the query. Completed reports may be disseminated on paper, on e-mail, on CD-ROM, or on DVD. They vary in length, time to produce, and cost to the requester. Each report is cross-verified and reviewed before release.

Florida Health Finder Website

The Florida Health Finder website, www.FloridaHealthFinder.gov, was established to assist consumers in making informed health care decisions and to provide purchasers and professionals with performance information on the quality of health care in Florida. New data and consumer reports, and health related links have been posted on the website as well as

the ADAM interactive Encyclopedia and Symptom Navigator. This new website, with enhanced navigation and more information, was formed by combining and expanding upon the information that was originally available on www.FloridaHealthStat.com and www.FloridaCompareCare.gov.

Available Reports and Information

Several standard reports are available on www.FloridaHealthFinder.gov. From the home screen, users may select Florida Consumers, or Researchers and Professionals. Selecting "Florida Consumers" permits users to look up medical conditions and procedures, and find out more information, including health outcomes. The site permits consumers to locate health care facilities and provides driving instructions. It permits them to find and compare health plans, hospital and ambulatory surgery centers, and nursing homes, pharmacy health outcomes and pricing information. The Florida Consumers page also contains a symptom navigator site that permits individuals to point click on a human form and obtain more in-depth information. The Researchers and Professionals link allows specialized data queries but may require users to have some knowledge of medical coding and terminology. It permits users to search for health data, health reports and guides. Pharmacy pricing data are available through a link to www.myfloridaRx.com.

The Inpatient Facility Query allows a user to search by diagnosis, procedure codes and DRG codes. Results can be returned grouped by various patient demographics and other criteria. The Outpatient Facility Query allows users to search by CPT procedure codes and ICD-9-CM diagnosis codes. Results can be returned by various demographics and other criteria. The results of the queries will return the most recent four quarters (one year) of data.

 Note that only *principal* diagnoses and procedures are used. Queries using secondary diagnoses and procedures must be requested from the Office of Data Dissemination. A query tool for emergency department data will be added in the Spring of 2008.

Publications Available

Most of the Florida Center's publications are available on www.FloridaHealthFinder.gov through the Researchers and Professionals page. Users may select from the Health Outcome Series and Research Studies and Reports. This section contains many reports, briefs, journals, and publications. Some of the Publications/Forms are in Portable Document Format (PDF), and require Adobe Acrobat Reader™ in order to view.

Hospitals and Ambulatory Surgery Centers Performance Data

Florida was the first state in the country to publicly report infection rates by hospital and one of the first to report mortality rates by hospital. The website allows a user to select between inpatient care in hospitals and outpatient care in ambulatory surgery centers. For either type of facility, the user can make a selection based on health care conditions or procedures, facility name, or on the geographic location of the facility.

This consumer-focused website provides a clear, transparent view of performance data for selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory surgery (outpatient) centers. This search tool assists consumers, health care professionals, and researchers in comparing hospitals and ambulatory surgery centers, information on quality of care, pricing and performance. This information can help consumers in choosing a health care facility that best serves their needs and to researchers studying the status of health care in Florida.

Consumers may generate reports that compare hospital inpatient care by volume, length of stay, charges, mortality, complications, infections, and readmissions. The data query for ambulatory surgery facilities and hospitals (outpatient care) currently offers data on the number of visits and charges.

Information is also provided on various conditions and procedures specific to the pediatric population. This tool provides parents with a powerful resource to find key information when faced with the hospitalization of a child.

The website also provides explanations for all data and measures reported. Links are provided for the medical terminology used on each page.

Hospitals – Inpatient Care

When a user selects "Hospitals – Inpatient Care" on the Web page the user is offered information on the following:

- Hospitalizations, length of stay, and charges (includes pediatrics);
- Mortality Rates;
- Complication / Infection Rates; and
- Facility Profiles.

A second set of choices allows the user to search by the geographic location of facilities.

If users select 'hospitalizations, charges, and length of stay', they can receive this information by a particular condition or procedure as well as the overall volume, charges, and length of stay for each hospital. Total hospitalizations is the total number of patients treated at that hospital for a particular condition or procedure, or if one is not selected, then the total number of hospitalizations at the facility. Charges and length of stay are risk adjusted using the 3M APR-DRG risk adjustment methodologies to account for patient differences so consumers can compare hospitals on an "apples to apples" basis.

The average charge is the average amount that the hospital charged for patients discharged from the hospital, who had that particular condition or procedure. The hospital charge does not include physician fees nor does it reflect the actual cost or the amount paid for the care. The amount that a patient pays depends on the type of

insurance coverage, co-payments and/or deductibles, or if a patient is uninsured, whether that patient qualifies for discounts under the hospital's discount or charity policies.

The average length of stay is the typical number of days a patient stayed in the hospital for a particular condition or procedure. For a fair comparison between hospitals, the information has been risk adjusted to take into account that some hospitals take care of patients who are sicker and require more treatment or resources than the "average" patient.

Mortality Rates

Inpatient Quality Indicators (IQI) are a set of measures endorsed by Agency for Healthcare Research and Quality (AHRQ) that reflect the quality of care given in hospitals. They include measures of mortality for selected medical conditions and surgical procedures. Taken together, the IQIs can point to the level of care delivered in the hospital and to potential under utilization or over utilization of certain procedures.

When a user selects Mortality Rates and their second choice is search by medical condition/procedure then the user can choose from the following procedures and conditions:

Inpatient Procedures

- Abdominal Aortic Aneurysm Repair Mortality Rate;
- Coronary Artery Bypass Graft Mortality Rate;
- Craniotomy Mortality Rate (Surgical opening of the skull);
- Esophageal Resection Mortality Rate (Surgical Removal of the Throat);
- Hip Replacement Mortality Rate; and
- Pancreatic Resection Mortality Rate (Surgical Removal of the Pancreas).

Inpatient Conditions

- Acute Myocardial Infarction Mortality Rate (Heart Attack);
- Acute Myocardial Infarction Mortality Rate (Heart Attack), without transfer cases;
- Acute Stroke Mortality Rate;
- Congestive Heart Failure (CHF) Mortality Rate;
- Gastrointestinal (GI) Hemorrhage Mortality Rate;
- Hip Fracture Mortality Rate; and
- Pneumonia Mortality Rate.

Complication / Infection Rates

Patient Safety Indicators (PSIs) are a set of measures, defining potentially preventable complications and infections from exposure to the health care system. The Patient Safety Indicators are defined by AHRQ to provide a perspective on patient safety. These indicators provide an initial measure of inpatient complications following surgery, childbirth and certain medical procedures. The website reports hospital infection rates using two PSIs:

- Infections due to medical care; and
- Postoperative Sepsis.

The first measure indicates the occurrence of infections related to intravenous lines and catheters; the second measure indicates the occurrence of infections following surgery.

All rate calculations are risk-adjusted. Risk-adjustment is a method for "leveling the playing field" to allow for comparing hospitals to account for patient differences.

When the user selects Complication/Infection Rates and their second choice is search by medical condition/procedure, they can choose then from the following Patient Safety Indicators (PSIs), by AHRQ:

- Decubitus Ulcer (Bed or Pressure Sore);
- Infections due to Medical Care (Occurrence of serious infection, primarily related to lines and catheters);
- Iatrogenic Pneumothorax (Collection of air or gas in the space surrounding the lungs);
- Postoperative Hip Fracture (measure includes all persons ages 18 and older who broke their hip[s] following a surgical procedure);
- Postoperative pulmonary embolism (blood clot in an artery of the lungs) or deep vein thrombosis (a condition marked by the formation of a blood clot ['thrombus'] within a deep vein, usually in the leg or pelvis);
- Postoperative sepsis (serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery); and
- A Complication Index that is a composite of the first five PSIs, listed above.

Ambulatory (Outpatient) Surgery Centers - includes Hospitals

When a user selects "Ambulatory (Outpatient) Surgery Centers - includes Hospitals" on the Web page the user is offered information on the following:

- Number of visits and charges (includes pediatrics); and

- Facility Profile.

A second set of choices allows the user to search by the geographic location of facilities, by medical conditions or procedures or by the overall facility performance. When a user selects the number of visits and their secondary choice is search by medical condition/procedure then the user can choose from the top 25 surgeries or procedures. The website reports procedures by volume, risk-adjusted charges, and statewide average charges.

Florida Health Plans

The www.FloridaHealthFinder.gov health plan website includes comparative information on Florida health plans. Health plans are required to submit annual indicators of quality of care, and member satisfaction to the Agency. The Florida Health Plans Consumer Information website displays information provided by the health plans and the Florida Department of Financial Services. Information is presented for commercial HMOs, commercial Preferred Provider Organization (PPO)/Indemnity plans, Florida Healthy Kids, and Florida Medicaid and Medicare managed care health plans doing business in Florida.

Consumers may use the website to compare health plans on:

- Quality of Care;

- Member Satisfaction with the Plan;

- Health Plans Available by County;

- Member Satisfaction with Claims Payment Performance; and

- Consumers can also compare monthly health plan premium rate options and find additional resources on many health insurance topics.

Prescription Drug Price Website

Under the provisions of §408.062(1)(h), Florida Statutes, the agency shall collect a statistically valid sample of data on the retail prices charged by pharmacies for the most frequently prescribed medicines from any pharmacy licensed by this state…to be performed by the agency quarterly.

The rising cost of prescription drugs is a concern for many Floridians. Consumers are often not aware that prescription drug prices may vary significantly from pharmacy to pharmacy. Many states are now creating websites to help customers to comparison shop among pharmacies.

The Agency and the Office of the Attorney General have created an interactive, consumer website that displays the individual retail prices at each community pharmacy for the most

frequently dispensed drugs in Florida, including both brand name and generic drugs. The price data are presented in a way that allows the information to be searched by:

- County;
- City; and
- Drug name.

The retail price is the price that an uninsured consumer, with no discount or supplemental plan, would normally pay. This is also known as the "Usual and Customary" price. The retail prices are updated monthly. Individual pharmacies and their locations are listed with contact information and a map. This drug pricing website can be accessed at www.FloridaHealthFinder.gov and www.MyFloridaRx.com.

Community Outreach and Education

E-mail requests from the public are received through www.FloridaHealthFinder.gov and responded to by staff from the Office of Data Dissemination. Requests include data requests, educational information on health care issues, information on specific health care facilities and providers, as well as requests for referrals to meet basic needs like health care, medication, insurance, food and shelter. In 2007, the Florida Center responded to 1,287 requests for information.
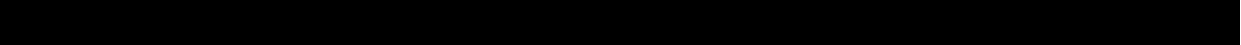
Staff from the Data Dissemination unit also initiate and participate in community-based programs, as authorized by §408.063 (3) and (6), Florida Statutes. Such programs educate the public about health care issues, make consumer brochures available, and introduce the FloridaHealthFinder.gov website.

The Office of Data Dissemination also works with community outreach and education through the publication of consumer materials, response to requests from the public, and participation in community outreach programs.

Consumer Awareness Series

The Consumer Awareness Series is directed by §408.05(5) (a), Florida Statutes.

The *Consumer Awareness Series* is written for the health care consumer. The series consists of brochures designed to assist the public in making well-informed health care decisions. The brochures are available in English and Spanish and are 15 to 20 pages long. They contain general information on a health care topic as well as a resource directory for further information. In 2007, 147,949 brochures were distributed. Of these, 84.7 percent were mailed in English (125,312) and 15.3 percent were mailed in Spanish (22,637). The brochures published since 2000 are below:

- A Consumer's Guide to Health and Human Services Programs;

- A Patient's Guide to a Hospital Stay;

- Emergency Medical Care;

- End of Life Issues - A Practical Planning Guide;

- Florida Medicaid - A Reference Guide;

- Health Care Advance Directives;

- Long-Term Care;

- Patient Safety;

- Understanding Prescription Drug Costs;

- What to Consider When Choosing an Assisted Living in Florida Facility; and

- Home Health Care in Florida.

Office of Health Information Technology

Development, use and protection of electronic health records is guided by
§408.062 (5), Florida Statutes.
Creation of a statewide health information network is guided by
§408.05 (4) 9, Florida Statutes.

During the 2006 legislative session, the "Coordinated Health Care Information and Transparency Act of 2006 (HB 7073)" revised §408.062 (5), Florida Statutes to give the Agency for Health Care Administration (Agency) the responsibility to develop a strategic plan for the adoption and use of electronic health records, to develop rules to protect the confidentiality of electronic health records and to develop an electronic health information network to share electronic health records among health care facilities, health care providers, and health insurers. The act also added language in §408.05 (4), Florida Statutes to authorize the Agency to administer grants to advance the development of a health information network, integrate health care data from state agencies to make the data available to health care practitioners through the health information network; and provide technical assistance to support the statewide health information network. The Office of Health Information Technology in the Florida Center was formed in 2006 to manage these new statutory responsibilities.

In 2007 the Florida Legislature passed HB 1155, which created §408.0611, Florida Statutes directing the Agency to collect information on the benefits of electronic prescribing (e-prescribing) and e-prescribing software, and to disseminate that information through the Agency's website in order to facilitate and promote the adoption of electronic prescribing. The Agency is also directed to collaborate with stakeholders to create an electronic prescribing clearinghouse and coordinate with private sector e-prescribing initiatives. The Agency is required to prepare an annual report on the progress of electronic prescribing implementation in Florida beginning with a first report in January 2008.

Florida Health Information Network Strategic Initiative

The strategic plan for the adoption and use of electronic health records was integrated into the plan to develop an electronic health information network for the exchange of electronic health records. The strategic plan focuses on a grants program to stimulate development of regional health information organizations (RHIOs). These regional health information organizations will be connected in order to build a statewide health information network.

Governance

The Governor's Health Information Infrastructure Advisory Board (Advisory Board) was created in 2004 by Executive Order of Governor Jeb Bush. Its mission was to advise

and support the Agency as it developed a strategy for the adoption and use of electronic health records and a plan to promote the development and implementation of a Florida health information network infrastructure.

The Governor's Advisory Board evaluated proposals and recommended funding for the Florida Health Information Grants Program. The grant funding available totaled $1.5 million in Fiscal Year 2005-2006, $2 million in Fiscal Year 2006-2007 and another $2 million in funding for Fiscal Year 2007-2008. According to the time limit set in the original order, the Advisory Board served out its term effective June 30, 2007.

The Agency's Health Information Exchange Coordinating Committee (HIE Committee) was created in December 2007 as a workgroup of the Florida Consumer Health Information Policy Advisory Council. The HIE Committee was formed to support the Agency in continuing to implement a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians. The HIE Committee will provide guidance for the Regional Health Information Organizations operating in Florida by recommending technical standards to ensure the interconnectivity of all health care providers and to establish and maintain the security for electronic health information.

The HIE Committee will review and evaluate applicant proposals to the Florida Health Information Network Grants Program and make funding recommendations to the Agency Secretary. It will also assist the Agency as it develops and implements specific programs for the creation of a statewide electronic health information network. The HIE Committee is expected to advise the Agency regarding developments in health information technology and national standards related to the security of electronic health information exchange. Additionally, the HIE Committee will coordinate its activities with the State Electronic Prescribing Advisory Panel and the Privacy and Security Project Legal Working Group to reduce barriers to electronic health information exchange.

Florida Health Information Network Grants Program for Regional Health Information Organizations

The grants program for Regional Health Information Organizations (RHIOs) is managed from the Office of Health Information Technology in the Florida Center. Grants are awarded to RHIOs to help with planning and operating health information exchanges in their local communities. The function of the Regional Health Information Organization is to work in the local community as a governing body, developing common policies, common security and privacy infrastructures and a sustainable business model for health information exchange. Regional Health Information Organizations bring providers together for the purpose of sharing health care data and integrating their disparate computer systems into a secure health care data network that can pass medical records among all participants.

Planning grants of up to $150,000 are provided to support the development of regional health information organizations. Grantees are required to engage local health care stakeholders to develop a work plan that will lead to health information exchange.

Operations grants of up to $500,000 are available to support the implementation of health information exchange projects that pass health care records between at least two competing facilities. Training grants of up to $200,000 are awarded to support practitioner training and technical assistance activities designed to increase physician use of electronic health record systems in primary care, office-based settings.

Nine organizations were funded during the 2006 - 2007 grant cycle, one planning grant, seven operational grants and one training grant to the Florida Association of RHIOs. The funding provided for the Fiscal Year 2007-2008 grants program is detailed in Table #4. The grants program was able to leverage $4.7 million in match funding resulting in $6.7 million available for the development of health information exchange across Florida.

Table 4 Florida Health Information Network Grants Program Funding
FY 2007-2008

Organization	Matching Funds	Grant Funding	Total Funding Impact
Department of Veterans' Affairs	$70,614	$70,614	$141,228
Big Bend Regional Healthcare Information Organization	$651,000	$249,750	$900,750
Duval County Health Department	$927,362	$406,944	$1,334,306
Florida Healthcare Coalition/Central Florida Regional Health Information Organization	$468,809	$200,000	$668,809
North West Florida Regional Health Information Organization	$420,000	$296,250	$716,250
Palm Beach County Community Health Alliance	$540,168	$200,000	$740,168
South Florida Health Information Initiative	$496,262	$284,924	$781,186
Tampa Bay Regional Research and Educational Foundation	$1,095,224	$246,618	$1,341,842
Palm Beach County Community Health Alliance - Florida Alliance of RHIOs	$50,927	$44,900	$95,827
	$4,720,366	$2,000,000	$6,720,365

Florida Association of RHIOs

In 2007, the organizations created through the FHIN grants program formed the Florida Association of RHIOs to maximize their collective resources and promote increased utilization of electronic health information exchange across the state. The creation of the Florida Association of RHIOs is unique nationally, although other states are interested in developing similar organizations. Its mission is to promote the development and maturing of health information exchange in Florida, by collaborating; sharing expertise, skills and experience; and undertaking mutually beneficial efforts. The Florida Association of RHIOs will provide support in a variety of areas including community

stakeholder support of consumers and providers, supporting the development of governance and viable business sustainability, collaboration on technical infrastructure and interface engines, and the development of standardized and consistent privacy and security policies and procedures. The Association will use its group buying power to purchase health information technology and business products and services at a sizable discount to members. The Florida Association of RHIOs offers a unique opportunity to address barriers to the effective exchange of protected health care information.

Outcomes of the 2007 Florida Health Information Network Strategic Initiative

The Florida Health Information Network (FHIN) was originally envisioned as a statewide health information server that would enable health care professionals to access a patient's medical records from any provider database connected to the network over a secure Internet connection. The FHIN represented a collaborative effort between the public and private sectors, state and local governments, Regional Health Information Organizations and health information exchanges, providers, employers, consumers, health plans and payers.

In early 2007 the legislative goal for building the Florida Health Information Network was to create a public-private partnership funded initially by the Legislature. The Office of Health Information Technology staff worked with staff from Blue Cross Blue Shield of Florida to develop a business plan for the new non-profit organization, the Florida Health Information Network, Inc. (FHIN, Inc.), and concluded that with a $25.8 million investment over three years, the FHIN, Inc. could become self-sufficient within five years. However, the 2007 Legislature appropriated funds for the FHIN Grants Program only, and the bill to fund the FHIN, Inc. with a central server infrastructure did not pass. This ended the first phase of the Florida Health Information Network Strategic Initiative.

As the initiative has developed, it became clear that stakeholders supported a more decentralized approach. The driver of this plan continued to be the FHIN Grants Program and the Regional Health Information Organizations in local communities around Florida. While the final goal of the Florida Health Information Network was to integrate Florida's Regional Health Information Organizations into a seamless health information exchange, the path to statewide integration would have to start from the bottom. The success of the statewide network thus depends on the long term sustainability of each local RHIO, and their ability to work together to achieve a common goal of exchanging medical records for the benefit of patients across the state.

eHealth Initiative Value Sustainability Model

During the summer of 2007 the Foundation for eHealth Initiative obtained a grant from the Agency for Healthcare Research and Quality. The funding allowed the Foundation to consult with each Regional Health Information Organization in Florida and to train their staff on the Value Sustainability Model for health information exchange. The Foundation for eHealth Initiative has provided a great deal of assistance to health information exchanges through its *Connecting Communities* program. Through this program the Foundation was in a unique position to study successful health information

exchanges and to identify models for financial sustainability. Out of this research, the Foundation for eHealth Initiative developed a Value and Sustainability Model for health information exchange initiatives which they shared with Florida RHIOs. More information on this model can be found at:
(http://www.ehealthinitiative.org/news/VSMRelease.mspx).

Federal Communication Commission Rural Broadband Pilot Program

In 2007 the Office of Health Information Technology brought together a collaboration of health care stakeholders to draft a proposal for the Federal Communication Commission Rural Broadband Pilot Program. The collaboration included the Agency, Children's Medical Services and the Office of Rural Health in the Department of Health, the Rural Economic Development Initiative Program in the Office of the Governor, MyFloridaNet in the Department of Management Services, FSU College of Medicine, the Florida Hospital Association, the Florida Medical Association, North Florida Medical Centers, the Association of Community Health Centers, the Big Bend Rural Health Network, Nemours Children's Medical System, the Community Health Informatics Organization, the Big Bend RHIO, the Escambia Health Information Network and the Florida LambdaRail.

In November 2007, the Federal Communication Commission awarded the Big Bend RHIO and the Agency a $9.6 million contract to build a one gigabit broadband network connecting nine rural hospitals in eight counties to the Big Bend RHIO through the broadband backbone of the Florida LambdaRail. The Florida LambdaRail operates a statewide fiber-optic network linking Florida's research institutions. The proposed broadband network will provide secure messaging services and the transmission of large imaging files such as x-rays, MRIs, and CAT scans from fixed or mobile imaging units and between the rural and urban specialty providers in their network. The Big Bend RHIO assumed fiscal responsibility for the contract and will work directly with the Florida LambdaRail. The Agency will convene a stakeholder committee for project oversight and to manage the evaluation of Requests for Proposals for constructing the network.

Design review is currently underway, and the first part of the network should be complete by the end of 2008. The second part of the planned network will consist of building a wireless broadband system to connect physicians and clinics in the local communities. Each provider connected to the broadband network would receive health information exchange services from the Big Bend RHIO. Completion of this project will significantly expand the service area of the Big Bend RHIO and will bring the rural hospitals of the Florida Panhandle into the Florida Health Information Network. Once the network is complete, additional commercial services can be added to generate revenue and to subsidize the cost for the rural hospitals

Data-Sharing for Florida's Regional Health Information Organizations

The new Medicaid fiscal agent, EDS, piloted a claims-based electronic health records for Medicaid practitioners in 2007-2008. The Office of Health Information Technology has been working with EDS and the Big Bend RHIO on a pilot study that would allow

the Regional Health Information Organizations to provide access to the Medicaid claims-based electronic health record. Through this data-sharing agreement, Medicaid physicians could acquire records on their Medicaid patients using a single sign-on through the Regional Health Information Organization web portal.

The Agency has provided point of care medication history information to Medicaid providers since 2003 through a contract with Gold Standard, Inc. in Tampa. The e-prescribing software used in the program is available for use on PDAs, desktop and tablet computers. The software provides a 100 day medication history for the patient at the point of care, utilization and compliance review, information about coverage and restrictions and the Medicaid Preferred Drug List. The Office of Health Information Technology is exploring the possibility of negotiating a data-sharing agreement between Gold Standard and the Regional Health Information Organizations to allow them to display the prescription history information for Medicaid physicians. This could provide a valuable information utility for Medicaid physicians, using a single sign-on for authentication and efficiency of access. Gold Standard has proposed giving the Regional Health Information Organizations the ability to offer e-prescribing services over their web portals. Negotiations are ongoing.

The Office of Health Information Technology is developing an opportunity for sharing data collected by state agencies for use by practitioners participating in health information exchanges. The Florida Center has developed a data-sharing agreement for the Regional Health Information Organizations that offers them the ability to access the inpatient, ambulatory surgery and emergency department data held by the Florida Center. The Florida Center has already provided these datasets to the Palm Beach County Community Health Alliance to include in its record repository. Other Regional Health Information Organizations are encouraged to apply for these datasets.

E-prescribing

In 2007, the Florida Legislature passed HB 1155, which directs the Agency to collect information on the benefits of electronic prescribing (e-prescribing) and e-prescribing software and disseminate that information through the Agency's website. Section 408.0611, Florida Statutes provides that the Agency is to collaborate with stakeholders to create an electronic prescribing clearinghouse and coordinate with private sector e-prescribing initiatives. The Legislature also directed the Agency to prepare an annual report on the progress of electronic prescribing implementation in Florida beginning with a first report to be issued in January 2008.

The Agency initiated a new website (http://www.fhin.net/eprescribe) providing a collection of e-prescribing resources. The portal provides users a single point of access for e-prescribing activities in Florida. The website provides links to e-prescribing software products and vendors, links to federal, state and private-sector e-prescribing websites that provide guidance on selecting appropriate electronic prescribing products; and offers e-prescribing resources, such as news and research articles.

The Agency prepared a proposal to conduct a pilot study on the benefits of electronic prescribing of controlled substances and to address legal barriers. This project proposes to demonstrate the value and security of electronic prescribing systems that integrate prescribed medication data from multiple sources. E-prescribing prescriptions and other information are transmitted through secure, private networks. E-prescribing can improve prescription accuracy, increase patient safety and reduce costs. The e-prescribing process provides physicians with access to medication history information at the point of care, which should enhance the outcomes of patient drug therapy and care.

Most recently the Office of Health Information Technology completed a comprehensive report on the status of electronic prescribing in Florida. The *Florida 2007 Electronic Prescribing Report* provides a baseline assessment of the status of electronic prescribing in Florida. A copy of the *Florida 2007 Electronic Prescribing Report* is now available at: http://ahca.myflorida.com/dhit/ElectronicPrescribing/Reports.shtml.

Health Information Security and Privacy Collaboration Project

Since 2006, Florida has participated in a national collaboration to study and make recommendations regarding privacy and security issues affecting health information exchanges. The Health Information and Security Privacy Collaboration Project (HISPC) is part of a national effort managed by the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology, the Agency for Healthcare Research and Quality and the National Governor's Association In 2006, the Florida Center completed an analysis of barriers related to health information exchange through an extensive round of meetings by stakeholder groups. Florida's participation in HISPC Project resulted in the preparation of a comprehensive Implementation Plan for protecting the confidentiality of electronic records shared through the Florida Health Information Network.

The Agency received an extension of the contract in July 2007 to put the Implementation Plan into effect. During the second contract period the Florida Center conducted an analysis of state laws relevant to information exchange and convened a Legal Work Group to identify priority recommendations for legislation to address specific barriers to health information exchange in Florida law. The project produced a report, *Analysis of Florida Statutes Related to Health Information Exchange,* containing the priority recommendations of the Legal Work Group. The project also created a risk self-assessment tool to assist Regional Health Information Organizations to assess the security of their exchanges. The HISPC project has enabled the Agency to extend and broaden its outreach to consumer and patient advocacy groups and lay the foundation for future legislation that will facilitate privacy-protected and secure health information exchange.

Adding Clinical Data to Statewide Administrative Data Pilot Project with the Agency for Healthcare Research and Quality

The Agency for Health Care Administration (Agency) is funded by the Agency for Healthcare Research and Quality (AHRQ) to participate in a two year pilot project with 3M Health Information Systems, Inc (3M HIS). This project will link clinical laboratory data with hospital administrative data. The extent to which the 3M risk adjustment model used in public hospital performance comparison can be made more accurate by the availability of the laboratory data will be evaluated.

Hospitals will submit the laboratory data to the Agency via secure FTP. Agency staff will join the clinical lavatory data to the inpatient data collected from the hospitals. This combined file will then be sent to 3M HIS using secure FTP. 3M HIS will group the merged clinical and administrative data into All Patient Refined Diagnosis Related Groups (APR DRGs) for analysis. 3M will asses the ability to improve the prediction of hospital-level quality measures using the clinical laboratory data. 3M will provide a summary of its findings to the Agency.

State Consumer Health Information and Policy Advisory Council

The State Consumer Health Information and Policy Advisory Council,
formerly known as Comprehensive Health Information System Advisory Council,
is mandated by and conducted under the provisions of §408.05(8), Florida Statutes.

The State Consumer Health Information and Policy Advisory Council (Council) develops recommendations to assist the Agency for Health Care Administration in implementing public reporting of health information and statistics. The Council provides guidance in the development of health information and recommendations to enhance consumer reporting. The Council is composed of 16 members representing consumers, purchasers (employers), health insurers, local health councils, state universities, health associations, and state agencies. The Advisory Council meets quarterly each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting minutes are posted on the Internet (http://ahca.myflorida.com/SCHS/chis.shtml).

The Office of Data Dissemination, within the Florida Center for Health Information and Policy Analysis, coordinates and staffs the Council and the technical workgroups organized to address specific issues in transparency of health care data reporting. These workgroups include:

- Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup;

- Hospital Acquired Infections Technical Workgroup;

- Health Plan Consumer Reports Technical Workgroup;

- Public Relations Technical Workgroup;

- Physician Data Technical Workgroup ; and

- Health Information Exchange Coordinating Committee.

The Advisory Council held five Council meetings and a planning retreat in 2007. The Council made key recommendations to the Agency for public reporting of health care information including the addition of the Health Plan Consumer Information section to the www.FloridaHealthFinder.gov website, updates to the hospital/ambulatory surgical center website, and the discussion of issues related to the forthcoming physicians consumer website.

Technical Workgroups

In addition to the Advisory Council, the Florida Center received advice and guidance on a variety of topics from the advisory technical workgroups during 2007. The mission of each workgroup is described below.

Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup

The purpose of the Health Care Facility Website and Ambulatory Surgery Data Technical Workgroup is to advise the Agency on issues concerning performance measures, risk adjustment of those measures, the appropriate data to report on the Agency website and issues such as minimum number of cases to report and grouping of data.

Hospital Acquired Infections Technical Workgroup

The purpose of the Hospital Acquired Infections Technical Workgroup is to advise the Agency on issues concerning hospital acquired infections.

Health Plan Consumer Reports Technical Workgroup

The purpose of the Health Plan Consumer Reports Workgroup is to advise the Agency on the dissemination of comparative information about the costs, benefits and performance of health plans throughout Florida.

Public Relations Technical Workgroup

The purpose of the Public Relations Technical Workgroup is to advise the Agency on ways to communicate with Florida health care consumers to develop a strategy to inform consumers about health care transparency and the information available on the Agency website and to develop feedback procedures through which consumers can communicate their information needs to the Agency.

Physician Data Technical Workgroup

The purpose of the Physician Data Technical Workgroup is to advise the Agency on issues concerning the development of physician measures for consumer reporting and the related data collection.

Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee was formed to advise and support the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians.

Planning Retreat Summer 2007

A planning retreat was held in June 2007 to develop goals for continuing the transparency initiative. The retreat included members of the Advisory Council, Technical Workgroups, and

AHCA staff. It was facilitated by Vanderbilt Center for Better Health. Five key components of a transparent health system were identified and are listed below:

- **Tools for Individuals to manage their Personal Health**: Providing a trusted resource to Floridians so they can access evidence-based data and information to manage their personal health, and the health of family members.

- **Tools for Consumers to manage their relationships with their physicians**: Providing tools to Floridians to (1) access physicians with skills and experience appropriate to medical needs, and (2) choose providers based on published operational and quality data.

- **Tools that personalize AHCA-generated information for individual consumers**: Providing data analyzed by AHCA and reports to individual Floridians information to assist in their health care decision-making. Data should be accessible in two formats: (1) a general format and (2) a personalized format that allow consumers to customize their searches, alerts, data feeds, etc.

- **Tools for consumers to compare providers on "success" by disease or procedure**: Providing a consistent method for Floridians to compare risk-adjusted outcomes – by provider – in a format that is meaningful in selecting a health partner for their care.

- **Tools for consumers to make "price" and "quality" trade-off decisions**: Providing a set of tools for Floridians to make balanced decisions, based on their individual needs, about the total expected price and quality for defined episodes of care

Advisory Council Goals

The Advisory Council has accepted the following goals for enhancing Florida's transparency initiative. These goals have been assigned to workgroups who are in the process of developing an implementation plan and formulating recommendations for the Advisory Council.

1. Provide downloadable consumer health tools on the Florida Health Finder website.

2. Continue to solicit consumer feedback and evaluate the website.

3. Add Medicaid information to the Florida Health Finder website.

4. Integrate cutting edge Internet technology to establish a virtual community on Florida Health Finder.

5. Improve and streamline data analysis methodology on Florida Health Finder.

6. Promote the Florida Health Finder website.

7. Publicly report actual price for all health plan services.

8. Display physician quality & price information on the Florida Health Finder website.

9. Develop incentives for the use of Health Information Technology.

10. Promote statewide use of Health Information Technology.

11. Promote and support the Regional Health Information Organizations (RHIOs).

12. Develop Personal Health Records that can be displayed and accessed online by Florida residents.

Other Functions of the Florida Center

The Florida Center Confidential Data Review Committee

The safeguards and the dissemination of confidential health care data are directed under the provisions of §408.061(11), Florida Statutes.

The Florida Center Confidential Data Review Committee reviews requests from governmental entities and parties under contract with the Agency for Health Care Administration (Agency) who may apply to use confidential information contained in the Florida Center databases. Data are considered confidential if they contain direct or indirect patient identifiers.

The committee reviews requests based upon their scientific merit, technical feasibility, and the lack of practical alternatives to using the confidential data.

The committee members consist of the Data Dissemination Administrator, the Research and Development Administrator, the Data Collection Administrator, the Florida Center's Data Security Administrator and one representative from the Office of the Florida Center Bureau Chief. The committee decides whether to recommend the request, deny the request, or amend the request. Once approved, the application is forwarded to the Florida Center Director, Chief of Staff, HIPAA Officer, General Counsel and Agency Secretary for review and approval.

Successful applicants must sign a Data Use Agreement that outlines the terms and conditions of their use of the Agency's confidential data. The Data Use Agreement contains provisions to ensure that the use of confidential data is consistent with state and federal law.

For More Information

On Topics Presented in this Report

Most of the reports and guides presented in this report are available free-of-charge on our website, www.FloridaHealthFinder.gov. You can view and print reports from the website and contact us via e-mail from the site.

Paper copies are also available for some reports free of charge. Contact the Agency's Call Center at (888) 419-3456 to order.

If you are interested in ordering data, or making a specific data request, call the Office of Data Dissemination at (850) 921-0550. Using www.FloridaHealthFinder.gov, you can download the "Data Catalog and Price List" (Click on "Order Data" on the homepage), which will aid you in making inquiries.

The Florida Center for Health Information and Policy Analysis

For more information about the Florida Center for Health Information and Policy Analysis, please visit us at http://ahca.myflorida.com or www.FloridaHealthFinder.gov. At each of these websites you will find information about the Florida Center and the latest contact names in its offices.

You may reach the Florida Center for Health Information and Policy Analysis at (850) 922-5771 during normal business hours (8:00 a.m. – 5:00 p.m. Eastern Standard Time, Monday through Friday, excluding official State holidays).

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